SENATE BILL No. 417

DIGEST OF INTRODUCED BILL

Citations Affected: IC 27-19.

Synopsis: Indiana health exchange. Establishes the Indiana health exchange. Requires the commissioner of the department of insurance to design, implement, and administer the Indiana health exchange in accordance with federal law. Specifies certain exchange related requirements, including financial requirements and health plan certification requirements.

Effective: July 1, 2015.

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January 12, 2015, read first time and referred to Committee on Appropriations.

Introduced

First Regular Session 119th General Assembly (2015)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type.~~

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~*this style type*~~ reconciles conflicts between statutes enacted by the 2014 Regular Session and 2014 Second Regular Technical Session of the General Assembly.

SENATE BILL No. 417

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 27-19-1-1, AS ADDED BY P.L.278-2013, SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 1. **(a)** Except as otherwise provided in this title **and subsection (b),** a reference to a federal law in this article is a reference to the federal law as in effect on January 1, 2012.

(b) As used in this article, a reference to any of the following is a reference to the act as in effect on July 1, 2015:

(1) The federal Public Health Service Act.

(2) The Internal Revenue Code.

(3) The federal Social Security Act.

SECTION 2. IC 27-19-2-3.6 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 3.6. "Carrier" means an entity regulated under this title that contracts to provide, deliver, arrange for, pay for, or reimburse the cost of health care services.**

SECTION 3. IC 27-19-2-6.3 IS ADDED TO THE INDIANA CODE

AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 6.3. "Educated consumer" means an individual who is knowledgeable about the health care system and has experience in making informed decisions regarding health, medical, and scientific matters.**

SECTION 4. IC 27-19-2-6.6 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 6.6. (a) "Eligible entity" means an entity that has experience in individual and small group health insurance or benefit administration, or other experience relevant to the responsibilities of the Indiana exchange.**

(b) The term includes the office of Medicaid policy and planning.

(c) The term does not include a carrier or an affiliate of a carrier.

SECTION 5. IC 27-19-2-6.8 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 6.8. "Federal DHS secretary" refers to the secretary of the United States Department of Health and Human Services.**

SECTION 6. IC 27-19-2-8, AS ADDED BY P.L.278-2013, SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 8. **(a)** "Health benefit exchange" means an American health benefit exchange operating in Indiana under PPACA.

(b) The term includes the Indiana exchange.

SECTION 7. IC 27-19-2-10, AS ADDED BY P.L.278-2013, SECTION 27, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: Sec. 10. (a) "Health plan" means a policy or contract that provides health insurance coverage.

(b) The term includes a group health plan.

(c) For purposes of the Indiana exchange, the term does not include the following:

(1) Accident only insurance, disability income insurance, or a combination of accident only and disability income insurance.

(2) Coverage issued as a supplement to liability insurance.

(3) Liability insurance, including general liability insurance and automobile liability insurance.

(4) Worker's compensation or similar insurance.

(5) Automobile medical payment insurance.

(6) Credit only insurance.

(7) Insurance for onsite medical clinics.

(8) Similar insurance specified in federal regulations issued under PPACA under which benefits for health care services

are secondary or incidental to other insurance benefits.

(d) For purposes of the Indiana exchange, the term does not include the following benefits if the benefits are provided under a separate policy or contract of insurance or are otherwise not an integral part of the policy or contract described in subsection (a):

(1) Limited scope dental or vision benefits.

(2) One (1), or a combination of two (2) or more, of the following:

(A) Long term care.

(B) Nursing home care.

(C) Home health care.

(D) Community based care.

(3) Similar limited benefits specified in federal regulations issued under PPACA.

(e) For purposes of the Indiana exchange, the term does not include the following benefits if the benefits are provided under a separate policy or contract of insurance, there is no coordination between the provision of the benefits and an exclusion of benefits under a group health plan maintained by the same plan sponsor, and the benefits are paid with respect to an event without regard to whether benefits are provided with respect to the event under a group health plan maintained by the same plan sponsor:

(1) Specified disease or illness insurance.

(2) Hospital indemnity or other fixed indemnity insurance.

(f) For purposes of the Indiana exchange, the term does not include the following benefits if offered as a separate policy or contract of insurance:

(1) Medicare supplemental health insurance (as defined in 26 U.S.C. 1882(g)(1)).

(2) Coverage supplemental to the coverage provided under the federal Civilian Health and Medical Program of the Uniformed Services (10 U.S.C. 55).

(3) Similar supplemental coverage provided under a group health plan.

SECTION 8. IC 27-19-2-10.2 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 10.2. "Indiana exchange" means the Indiana health exchange established by IC 27-19-5-1.**

SECTION 9. IC 27-19-2-13.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 13.5. "Plain language" has the meaning set forth in Section 1311(e)(3)(B) of PPACA.**

SECTION 10. IC 27-19-2-15.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 15.5. "Qualified dental plan" means a limited scope dental plan that is certified under IC 27-19-7.**

SECTION 11. IC 27-19-2-15.7 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 15.7. "Qualified employer" means a small employer that:**

(1) elects to make its full-time employees eligible for at least one (1) qualified health plan offered through the small business health options program; and

(2) either:

(A) elects to provide coverage through the small business health options program to all of its eligible employees who are principally employed in Indiana; or

(B) has its principal place of business in Indiana and elects to provide coverage through the small business health options program to all of its eligible employees, regardless of where the eligible employees are employed.

SECTION 12. IC 27-19-2-16.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 16.5. "Qualified individual" means an individual, regardless of age, who:**

(1) seeks to enroll in a qualified health plan offered to individuals through the Indiana exchange;

(2) is an Indiana resident;

(3) at the time of enrollment is not incarcerated, other than incarceration pending the disposition of charges; and

(4) is reasonably expected to be, for the entire period for which enrollment is sought, a citizen or national of the United States or an alien lawfully present in the United States.

SECTION 13. IC 27-19-2-18 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]: **Sec. 18. (a) "Small employer" means an employer that employed an average of not more than one hundred (100) employees during the preceding calendar year.**

(b) For purposes of this section, the following apply:

(1) Persons treated as a single employer under subsection (b), (c), (m), or (o) of Section 414 of the Internal Revenue Code are considered a single employer.

(2) An employer and a predecessor employer are considered

a single employer.

(3) All employees, including part-time employees and employees who are not eligible for health coverage through the employer, must be counted.

(4) If an employer was not in existence throughout the preceding calendar year, the determination of whether the employer is a small employer must be based on the average number of employees that is reasonably expected to be employed by the employer on business days in the current calendar year.

(5) An employer that:

(A) makes enrollment in a qualified health plan available to the employer's employees through the small business health options program; and

(B) would cease to be a small employer by reason of an increase in the number of the employer's employees;

is considered a small employer for purposes of this article until the employer ceases to make enrollment through the small business health options program available to the employer's employees.

SECTION 14. IC 27-19-5 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]:

Chapter 5. Indiana Health Exchange

Sec. 1. The Indiana health exchange is established to:

(1) facilitate the purchase of qualified health plans by individuals in the individual insurance market; and

(2) provide for establishment of a small business health options program to facilitate enrollment of employees of qualified small employers in qualified health plans offered in the small group insurance market.

Sec. 2. (a) The commissioner of insurance shall, not later than October 31, 2015, study and make recommendations to the general assembly for any legislation necessary to implement the Indiana exchange.

(b) The commissioner shall apply for federal certification of the Indiana exchange not later than January 1, 2016.

(c) This section expires December 31, 2017.

Sec. 3. If funds become available, the commissioner shall apply for federal grant funds related to the development or implementation of the Indiana exchange.

Sec. 4. The Indiana exchange shall do the following:

(1) Facilitate the purchase and sale of qualified health plans.

(2) Provide for the establishment of a small business health options program to assist qualified small employers in Indiana in facilitating the enrollment of employees in qualified health plans.

(3) Meet the requirements of this article.

SECTION 15. IC 27-19-6 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]:

Chapter 6. Functions of the Indiana Exchange

Sec. 1. The Indiana exchange shall make qualified health plans available to qualified individuals and qualified employers, beginning with effective dates not later than January 1, 2018.

Sec. 2. The Indiana exchange shall not make available a health plan that is not a qualified health plan.

Sec. 3. The Indiana exchange shall allow a carrier to offer a limited scope dental plan that meets the requirements of Section 9832(c)(2)(A) of the Internal Revenue Code through the Indiana exchange, either separate from or in conjunction with a qualified health plan, if the limited scope dental plan provides pediatric dental benefits described in Section 1302(b)(1)(J) of PPACA.

Sec. 4. The Indiana exchange or a carrier that offers a health plan through the Indiana exchange may not charge an individual a fee or penalty for termination of coverage if the individual enrolls in another type of minimum essential coverage as a result of:

(1) the individual becoming newly eligible for the other type of minimum essential coverage; or

(2) the individual's employer sponsored coverage becoming affordable under the standards of Section 36B(c)(2)(C) of the Internal Revenue Code.

Sec. 5. The Indiana exchange shall do the following:

(1) Implement procedures for certification, recertification, and decertification of health plans as qualified health plans, consistent with criteria established by the federal DHS secretary under Section 1311(c) of PPACA and IC 27-18-4.

(2) Provide for the operation of a toll free telephone hotline to respond to requests for assistance.

(3) Provide for enrollment periods, as required under Section 1311(c)(6) of PPACA.

(4) Maintain an Internet web site through which enrollees and prospective enrollees of qualified health plans may obtain standardized comparative information concerning the

qualified health plans.

(5) Assign a rating to each qualified health plan offered through the Indiana exchange in accordance with the rating system developed by the federal DHS secretary under Section 1311(c)(3) of PPACA, and determine each qualified health plan's level of coverage in accordance with regulations issued by the federal DHS secretary under Section 1302(d)(2)(A) of PPACA.

(6) Use a standardized format for presenting health benefit options in the Indiana exchange, including the use of the uniform outline of coverage established under Section 2715 of the federal Public Health Service Act.

(7) In accordance with Section 1413 of PPACA:

(A) inform individuals of eligibility requirements for the Medicaid program under Title XIX of the federal Social Security Act, the Children's Health Insurance Program under Title XXI of the federal Social Security Act, or another applicable state or local public program; and

(B) if, through screening of the application by the Indiana exchange, the Indiana exchange determines that an individual is eligible for a program listed in clause (A), enroll the individual in the program.

(8) Establish and make available by electronic means a calculator to determine the actual cost of coverage after application of any premium tax credit under Section 36B of the Internal Revenue Code and any cost sharing reduction under Section 1402 of PPACA.

(9) Establish a small business health options program through which qualified employers may:

(A) access coverage; and

(B) specify a level of qualified health plan coverage;

offered through the small business health options program for enrollment by the qualified employer's employees.

(10) Subject to Section 1411 of PPACA, grant a certification of exemption attesting that, for purposes of the individual responsibility penalty under Section 5000A of the Internal Revenue Code, an individual is exempt from the individual responsibility requirement or from the penalty imposed by Section 5000A of the Internal Revenue Code because:

(A) there is no affordable qualified health plan available through the Indiana exchange, or the individual's employer, covering the individual; or

(B) the individual meets the requirements for any other exemption from the individual responsibility requirement or penalty.

(11) Transfer to the Secretary of the Treasury of the United States the following:

(A) A list of the individuals who are issued a certification of exemption under subdivision (10), including the name and taxpayer identification number of each individual.

(B) The name and taxpayer identification number of each individual who was an employee of an employer and who was determined to be eligible for the premium tax credit under Section 36B of the Internal Revenue Code because:

(i) the employer did not provide minimum essential coverage; or

(ii) the employer provided minimum essential coverage that was determined under Section 36B(c)(2)(C) of the Internal Revenue Code to be unaffordable to the employee or not to provide the required minimum actuarial value.

(C) The name and taxpayer identification number of:

(i) each individual who notifies the Indiana exchange under Section 1411(b)(4) of PPACA that the individual has changed employers; and

(ii) each individual who ceases coverage under a qualified health plan during a plan year and the effective date of the cessation.

(12) Provide to each employer the name of each employee of the employer described in subdivision (11)(B) who ceases coverage under a qualified health plan during a plan year and the effective date of the cessation.

(13) Perform duties required of the Indiana exchange by the federal DHS secretary or the Secretary of the Treasury of the United States related to determining eligibility for premium tax credits, reduced cost sharing, or individual responsibility requirement exemptions.

(14) Select persons that are qualified to serve as navigators in accordance with Section 1311(i) of PPACA and standards developed by the federal DHS secretary, and award grants to enable navigators to do the following:

(A) Conduct public education activities to raise awareness of the availability of qualified health plans.

(B) Distribute fair and impartial information concerning

enrollment in qualified health plans, and the availability of premium tax credits under Section 36B of the Internal Revenue Code and cost sharing reductions under Section 1402 of PPACA.

(C) Facilitate enrollment in qualified health plans.

(D) Provide referrals to an applicable office of health insurance consumer assistance or a health insurance ombudsman established under Section 2793 of the federal Public Health Service Act, or another appropriate state agency, for an enrollee with a grievance, complaint, or question regarding a health plan, coverage, or a determination under the health plan or coverage.

(E) Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Indiana exchange.

(15) Review the rate of premium growth within the Indiana exchange and outside the Indiana exchange, and consider the information in developing recommendations on whether to continue limiting qualified employer status to small employers.

(16) Credit the amount of any free choice voucher to the monthly premium of the health plan in which a qualified employee is enrolled, in accordance with Section 10108 of PPACA, and collect the amount credited from the offering employer.

(17) Consult with interested parties relevant to carrying out the activities required by this article, including the following:

(A) Educated consumers who are enrollees in qualified health plans.

(B) Individuals and entities with experience in facilitating enrollment in qualified health plans.

(C) Representatives of small businesses and self-employed individuals.

(D) The office of Medicaid policy and planning.

(E) Advocates for enrolling hard to reach populations.

(18) Meet the following financial integrity requirements:

(A) Keep an accurate accounting of all activities, receipts, and expenditures of the Indiana exchange and annually submit to the federal DHS secretary, the governor, the commissioner, and the general assembly in an electronic format under IC 5-14-6 a report concerning the accounting.

(B) Fully cooperate with any investigation conducted by the commissioner, or the federal DHS secretary under the federal DHS secretary's authority under PPACA, and allow the federal DHS secretary, in coordination with the inspector general of the United States Department of Health and Human Services, to do the following:

(i) Investigate the affairs of the Indiana exchange.

(ii) Examine the properties and records of the Indiana exchange.

(iii) Require periodic reports in relation to the activities of the Indiana exchange.

(C) In carrying out the Indiana exchange's activities under this article, not use any funds intended for the administrative and operational expenses of the Indiana exchange for staff retreats, promotional giveaways, excessive executive compensation, or promotion of federal or state legislative and regulatory modifications.

SECTION 16. IC 27-19-7 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]:

Chapter 7. Health Plan Certification

Sec. 1. The Indiana exchange may certify a health plan as a qualified health plan if the health plan meets the following requirements:

(1) The health plan provides the essential health benefits package described in Section 1302(a) of PPACA, except that the health plan is not required to provide essential health benefits that duplicate the minimum benefits of a qualified dental plan described in section 5 of this chapter, if:

(A) the Indiana exchange determines that at least one (1) qualified dental plan is available to supplement the health plan's coverage; and

(B) the carrier makes prominent disclosure at the time the carrier offers the health plan, in a form approved by the Indiana exchange, that the health plan does not provide the full range of pediatric essential health benefits, and that qualified dental plans providing pediatric essential health benefits and other dental benefits not covered by the health plan are offered through the Indiana exchange.

(2) The premium rates and contract language have been approved by the commissioner.

(3) The health plan provides at least a bronze level of

coverage, as determined under IC 27-19-6-5(5), unless the health plan:

(A) is certified as a qualified catastrophic plan;

(B) meets the requirements of PPACA for a catastrophic plan; and

(C) will be offered only to individuals who are eligible for catastrophic coverage.

(4) The health plan's cost sharing requirements do not exceed the applicable limits under Section 1302(c)(1) of PPACA and, if the health plan is offered through the small business health options program, the health plan's deductible does not exceed the applicable limits under Section 1302(c)(2) of PPACA.

(5) The carrier that offers the health plan meets the following requirements:

(A) Is licensed and in good standing to offer health insurance coverage in Indiana.

(B) Offers at least:

(i) one (1) qualified health plan in the silver level; and

(ii) one (1) qualified health plan in the gold level;

(as determined under IC 27-19-6-5(5)) through the individual Indiana exchange (if the carrier participates in the individual Indiana exchange) and the small business health options program (if the carrier participates in the small business health options program).

(C) Charges the same premium rate for each qualified health plan without regard to the following:

(i) Whether the health plan is offered through the Indiana exchange.

(ii) Whether the health plan is offered directly from the carrier or through an insurance producer.

(D) Does not charge cancellation fees or penalties in violation of IC 27-19-6-4.

(E) Complies with regulations developed by the federal DHS secretary under Section 1311(d) of PPACA and any requirements established by the Indiana exchange.

(6) The health plan meets the requirements of certification as specified in rules adopted under IC 27-19-9 and regulations adopted by the federal DHS secretary under Section 1311(c) of PPACA, including minimum standards in the following areas:

(A) Marketing practices.

(B) Network adequacy.

(C) Essential community providers in underserved areas.

(D) Accreditation.

(E) Quality improvement.

(F) Uniform enrollment forms.

(G) Descriptions of coverage.

(H) Information concerning quality measures for health plan performance.

(7) The Indiana exchange determines that making the health plan available through the Indiana exchange is in the interest of qualified individuals and qualified employers in Indiana.

Sec. 2. The Indiana exchange may not exclude a health plan from certification:

(1) on the basis that the health plan is a fee for service health plan;

(2) through the Indiana exchange's imposition of premium price controls; or

(3) on the basis that the health plan provides coverage for treatment necessary to prevent patient death in circumstances that the Indiana exchange determines to be inappropriate or too costly.

Sec. 3. (a) The Indiana exchange shall require a carrier that seeks certification of a health plan as a qualified health plan to do the following:

(1) File with the commissioner a justification for a premium increase, and comply with the requirements of IC 27-8-5-1.5, before implementing the premium increase.

(2) Prominently post the justifying information filed under subdivision (1) on the carrier's Internet web site.

(3) In plain language, make available to the public and submit to the Indiana exchange, the federal DHS secretary, and the commissioner, accurate and timely disclosure of the following:

(A) Claim payment policies and practices.

(B) Periodic financial disclosures.

(C) Enrollment data.

(D) Disenrollment data.

(E) Data concerning the number of claims denied.

(F) Data concerning rating practices.

(G) Information concerning cost sharing and payments with respect to out of network coverage.

(H) Information concerning enrollee and participant rights under Title 1 of PPACA.

(I) Other information determined appropriate by the

federal DHS secretary.

(4) Provide to an individual:

(A) upon the individual's request;

(B) in a timely manner; and

(C) through an Internet web site (or another means for an individual without Internet access);

information reflecting the amount of cost sharing (including deductibles, copayments, and coinsurance) that applies to a specific item or service furnished by a participating provider and that the individual would be responsible for paying under the individual's health plan or coverage.

(b) The Indiana exchange shall consider the:

(1) justifying information filed under subsection (a); and

(2) recommendations provided to the Indiana exchange by the commissioner under Section 2794(b) of the federal Public Health Service Act;

in determining whether to make the health plan available through the Indiana exchange.

Sec. 4. The Indiana exchange:

(1) shall not exempt from the applicable licensure or solvency requirements of this title a carrier seeking certification of a health plan under this chapter, regardless of the type or size of the carrier; and

(2) shall apply the requirements of this chapter in a manner that excludes discrimination among carriers participating in the Indiana exchange.

Sec. 5. The requirements of this chapter that apply to a qualified health plan also apply, to the extent relevant, to a qualified dental plan. However, to the extent that rules adopted by the Indiana exchange under IC 4-22-2 or that the following provisions conflict with those requirements, the rules and the following provisions are controlling:

(1) The carrier:

(A) must be authorized under this title to offer dental coverage; and

(B) is not required to be authorized under this title to offer other health benefits.

(2) The dental plan must:

(A) be limited to dental and oral health benefits, without substantially duplicating the benefits typically offered by a health plan that does not provide dental coverage; and

(B) include at least:

(i) the pediatric dental essential health benefits prescribed by the federal DHS secretary under Section 1302(b)(1)(J) of PPACA; and

(ii) other dental benefits determined necessary in rules adopted by the Indiana exchange or regulations adopted by the federal DHS secretary.

(3) Carriers may jointly offer through the Indiana exchange a comprehensive health plan under which the:

(A) dental benefits are provided by a carrier through a qualified dental plan; and

(B) other benefits are provided by a carrier through a qualified health plan;

if the qualified dental plan and the qualified health plan are priced separately and each is also available for separate purchase at the same separate price.

SECTION 17. IC 27-19-8 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]:

Chapter 8. Indiana Exchange Funding

Sec. 1. The Indiana exchange may:

(1) charge assessments or user fees to carriers; and

(2) receive appropriations from the Indiana general assembly;

in an amount necessary to support the operations of the Indiana exchange under this article.

Sec. 2. (a) The Indiana exchange shall publish on an Internet web site:

(1) the average cost of licensing, certification, regulatory fees, and other payments required by; and

(2) the administrative costs of;

the Indiana exchange.

(b) Information published under this section must include information concerning money lost to waste, fraud, and abuse.

SECTION 18. IC 27-19-9 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]:

Chapter 9. Rules

Sec. 1. The department may adopt rules under IC 4-22-2 to implement this article.

Sec. 2. Rules adopted under this chapter may not conflict with or prevent the application of regulations adopted by the federal DHS secretary under PPACA.

SECTION 19. IC 27-19-10 IS ADDED TO THE INDIANA CODE

AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2015]:

Chapter 10. Relation to Other Law

Sec. 1. Except as provided in this article, to the extent that this article conflicts with the commissioner's authority to regulate the business of insurance under another provision of IC 27, the other provision is controlling.